

# SOTRA APPLICATION FOR ASSISTANCE



**KENTUCKY  
DEPARTMENT  
FOR  
ENVIRONMENTAL  
PROTECTION**

*Mail completed form to:*  
**DIVISION OF WASTE MANAGEMENT  
UNDERGROUND STORAGE TANK BRANCH  
81 C. MICHAEL DAVENPORT BLVD.  
FRANKFORT, KENTUCKY 40601  
(502) 564-5981 / (800) 928-7782  
<http://www.waste.ky.gov>**

**FOR STATE USE ONLY:**

Application No.: \_\_\_\_\_

## GENERAL INFORMATION

**AGENCY INTEREST #:**

**TOTAL NUMBER OF PETROLEUM STORAGE TANKS (PST) OWNED:** \_\_\_\_\_

### APPLICANT INFORMATION

### FACILITY INFORMATION

**FACILITY OWNER (APPLICANT'S) NAME:**

**FACILITY NAME:**

**OWNER MAILING ADDRESS:**

**PHYSICAL LOCATION:**

**CITY:**

**STATE:**

**ZIP CODE:**

**CITY:**

**COUNTY:**

**ZIP CODE:**

**TELEPHONE NUMBER:**

**FAX NUMBER:**

**E-MAIL ADDRESS:**

**FACILITY CONTACT  
PERSON:**

**FACILITY TELEPHONE NUMBER:**

**LEGALLY AUTHORIZED REPRESENTATIVE OR  
AGENT:**

**TELEPHONE NUMBER:**

**FACILITY FAX NUMBER:**

**FACILITY E-MAIL ADDRESS:**

### TAX INFORMATION

(Social Security Number (SS #) or Federal Identification Number (ID #) shall be provided)

### REQUIRED FINANCIAL DOCUMENTATION

#### APPLICANT APPLYING FOR COVERAGE AS:

- ☐ **INDIVIDUAL** shall have an average adjusted gross income for the last five (5) years of \$50,000 or less. Provide the applicant's SS #: \_\_\_\_\_.
- ☐ **PARTNERSHIP** shall have an average adjusted gross and/or net income for the last five (5) years of \$50,000 or less. If applicable, provide Federal ID #: \_\_\_\_\_.
- ☐ **INCORPORATED** shall have an average net income for the last five (5) years of \$50,000 or less. Provide the Federal ID #: \_\_\_\_\_.
- ☐ **SOLE PROPRIETORSHIP** shall have an average adjusted gross income and/or net income for the last five (5) years of \$50,000 or less. Provide the applicant's SS #: \_\_\_\_\_.
- ☐ **PUBLIC SERVICE CORPORATION** shall have an average adjusted net income or average revenue and income for the last five (5) years of \$50,000 or less. Provide the Federal ID # \_\_\_\_\_ and tax exemption documentation, if applicable.
- ☐ **GOVERNMENT/NON-PROFIT** shall have an average revenue and income for the last five (5) years of less than \$50,000. Provide tax exemption documentation.
- ☐ **ESTATE/TRUST** shall have an average adjusted gross income or net income for the last five (5) years of \$50,000 or less. Provide the applicant's SS#: \_\_\_\_\_ or Federal ID # \_\_\_\_\_.

- The last five (5) years income tax returns for the applicant, except for a Non-Profit Public Service Corporation, **Government and all other Non-Profit entities** shall provide the last five (5) years budgets and tax exemption documentation.
- For a Partnership, For-Profit Public Service Corporation and Incorporated, list the name and SS # for each the partner and/or shareholder in the area below or attach to this form a list providing this information.

**Names:**

**SS #:**


### ADDITIONAL INFORMATION REQUIRED

- ☐ Copy of the written contract with a tank remover who has been certified by the State Fire Marshal (SFM) that includes signatures by parties.
- ☐ Name of Certified Remover: \_\_\_\_\_ and the  
SFM Certification Number: LUG \_\_\_\_\_.
- ☐ Facility Map identifying property boundaries, location of petroleum storage tank(s) within the tank pit(s), location of other relevant facility features such as buildings, canopies, driveways, piping, dispenser islands, paved areas, etc, and the proposed extent of areas to be impacted by the removal including dimensions.
- ☐ Color photographs of the facility that include each tank pit area and facility features identified on the facility map and the areas to be impacted by permanent closure.

### TANKS TO BE REMOVED AT THIS FACILITY

Tank#	Gallons	Substance(s)	Date Installed	Current Status	
			___/___/___	<input type="checkbox"/> Yes	<input type="checkbox"/> No
			___/___/___	<input type="checkbox"/> Yes	<input type="checkbox"/> No
			___/___/___	<input type="checkbox"/> Yes	<input type="checkbox"/> No
			___/___/___	<input type="checkbox"/> Yes	<input type="checkbox"/> No
			___/___/___	<input type="checkbox"/> Yes	<input type="checkbox"/> No
			___/___/___	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**TANK CLOSURE COST MATRIX**

(Reimbursement from SOTRA shall be determined from either: 1) the lesser \$2.00 per gallon of tank capacity removed per tank pit or 2) the matrix table value below)

Size of Largest Tank in the Tank Pit based on Gallons	Number of Tanks in the Tank Pit					
	1	2	3	4	5	Each Additional Tank up to 10
Less than 3,100	\$3,000	\$4,900	\$6,400	\$7,900	\$9,400	\$1,500
3,100 – 5,100	\$3,400	\$5,500	\$7,500	\$9,000	\$10,500	\$1,500
5,101 – 10,000	\$4,900	\$7,400	\$9,700	\$11,800	\$13,800	\$1,800
Greater than 10,000	\$5,400	\$8,600	\$11,800	\$14,000	\$16,900	\$2,200

**REMOVAL COST ESTIMATE WORKSHEET**

(To determine the allowable cost per tank pit, use the number of petroleum storage tanks within each tank pit and the Tank Closure Cost Matrix above.)

Tank Pit #	Number of Petroleum Storage Tanks in Tank Pit	Size of Largest Tank Based on Gallons	Surface Dimensions and Area of Pit	Allowable Matrix Table Cost
				\$
				\$
				\$
				\$
<b>Totals</b>				\$

\*Unit costs used in the development of the allowable removal cost shall comply with 401 KAR 42:250.

		Quantity & Units	Unit Cost*	Cost	Staff Use Only
1.	Total Allowable Matrix Table Cost	1 each	N/A	\$	
2.	One-Time Mobilization Charge	1 each	\$350	\$350	
3.	Closure Assessment Report includes the Classification Guide	1 each	\$2,000	\$2,000	
4.	Piping Removal (length in feet outside tank pit)		\$14	\$	
5.	Disposal/Recycling of Tank Contents		\$	\$	
6.	Disposal of Tank Wastes (drums)		\$	\$	
7.	\$300 fee for EPA Generator ID No., if necessary	1 each	\$300	\$	
8.	Disposal of Asphaltic Surface Materials (tons)		\$	\$	
9.	Transportation of Asphaltic Materials (tons)		\$	\$	
10.	Laboratory Analyses: BTEX		\$	\$	
	PAH		\$	\$	
	Lead		\$	\$	
	Waste Characterization		\$	\$	
11.	Surface Replacement (sq feet or sq yards)				
	Type: _____		\$	\$	
	Type: _____		\$	\$	
			<b>Total Costs:</b>	\$	

## SUBROGATION AGREEMENT

In consideration of and to the extent of payment from the Petroleum Storage Tank Environmental Assurance Fund (PSTEAF) in accordance with KRS 224.60-150 et seq., the undersigned \_\_\_\_\_ (Applicant) hereby assigns, transfers and subrogates to the cabinet all of the rights, claims, interest and rights of action, which the Applicant may have against any party, person or corporation, including insurers, liable under any contract or tort theory for the cost of petroleum cleanup at \_\_\_\_\_ (Facility Name) during the period on or about \_\_\_\_\_, \_\_\_\_\_ (Month/Day/Year) to the present. The Applicant authorizes the cabinet to sue, compromise or settle in the Applicant's name or otherwise all such claims and to execute, sign releases and acquaintance, and endorse checks or drafts given in settlement of such claims in the name of the Applicant's with the same force and effect as the Applicant executed or endorsed them. It is the intent of the parties' that the cabinet be fully substituted for the Applicant and subrogated to all of the Applicant's rights to recover the amount paid from the PSTEAF.

The Applicant warrants and represents that no settlement has been made by the Applicant with any party, person or corporation against whom a claim may lie, and no release has been or will be given to anyone responsible for the cost of cleanup and that no such settlement will be made nor release given by the Applicant without the written consent of the cabinet. The Applicant covenants and agrees to cooperate fully with the cabinet in the prosecution of such claims and to procure and furnish all papers and documents in the Applicant's possession necessary in such proceedings and to attend court and testify if the cabinet deems such to be necessary, but it is understood the Applicant is to be saved harmless from costs in any such proceeding brought by the cabinet.

## OWNER CERTIFICATION

I hereby certify under penalty of law that I am the (mark one): ☐ Owner ☐ Legally-authorized representative or agent of the owner AND

I THE UNDERSIGNED, FIRST BEING DULY SWORN, STATE, UNDER PENALTY OF LAW, THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED IN THIS AND ALL ATTACHED DOCUMENTS, AND THAT BASED ON MY INQUIRY OF THOSE INDIVIDUALS RESPONSIBLE FOR OBTAINING THE INFORMATION, I CERTIFY THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I CERTIFY THAT RETAIL SALE OR WHOLESALE DISTRIBUTION OF MOTOR FUELS AT THE FACILITY WILL PERMANENTLY CEASE UPON PERMANENT CLOSURE OF THE TANKS AND ALL KNOWN TANKS AT THE FACILITY ARE BEING REMOVED OR CLOSED IN PLACE. I FURTHER CERTIFY THAT I OWNED THE TANKS FOR MORE THAN ONE (1) YEAR PRIOR TO THE DATE OF THE APPLICATION FOR REIMBURSEMENT FROM THIS ACCOUNT.

*SIGNATURE REQUIREMENTS: If incorporated or a public service corporation, the individual signing this form can be the president or secretary of the corporation; the duly authorized representative or agent of the executive officer, if the representative or agent is responsible for overall operation of the facility; or a person designated by the board of directors by means of a corporate resolution. For the individual signing for a partnership, sole proprietorship or individual, shall be a general partner, the proprietor or individual, respectively. For a government/non-profit, the form is to be signed by a principal, executive officer or ranking elected official. The power of agency signing the certification shall submit documentary evidence to substantiate the legality of the authorized representation of the owner/operator.*

PRINTED NAME OF OWNER (Or Authorized Representative or Agent):	TITLE:
SIGNATURE OF OWNER (Or Authorized Representative or Agent):	DATE:

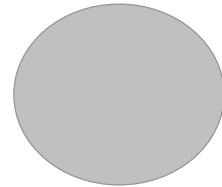
Subscribed and sworn to before me by: \_\_\_\_\_

This the: \_\_\_\_ day of: \_\_\_\_\_, \_\_\_\_\_

Notary Public \_\_\_\_\_

Commission State at Large: \_\_\_\_\_ OR County: \_\_\_\_\_

My commission expires: \_\_\_\_ / \_\_\_\_ / \_\_\_\_



If you have questions on how to fill out this form or to request a review of the facility records, please contact the cabinet at (502) 564-5981 / (800) 928-7782 or visit our website at <http://www.waste.ky.gov>.

\*\*RETAIN A COPY OF THIS FORM FOR YOUR RECORDS\*\*